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CDD WYDY C 4 F	TO OF MAN IN 10 2 2004)	\mathcal{L}		
I hereby certif	TE OF MAILING by that this correspondence is being denoted	ed with the U.S. Postal Service with			
Patents, PO Bo	age as first class mail in an addressor 1450, Alexandria, VA, 22313-1450 on	October 8, 2004	RECEIVED		
(Typed or Prir	nie Camara nied Name of Person Mailing Paper or Fee		OCT 1 8 2004		
Opan	Person Mailing Paper or Fee)		echnology Center 2100		
			TENT APPLICATION Docket No. OR01-13001		
	IN THE UNITED STATES I	PATENT AND TRADEMARK O	PFFICE		
IN RE PAT	ENT APPLICATION OF)) Examiner: Nguyen Ca	m Linh T.		
Siva K. Dirisala) Oroup Art Unit: 2171			
Serial No. 10/071,415) Group Art Cinc. 2171			
Filing Date	: February 8, 2002)			
	•))			
FA	STEM AND METHOD FOR CILITATING A DISTRIBUTED S LOCAL AND REMOTE SYSTEN				
	AMENDMENT	TRANSMITTAL LETTER			
Assistant P.O. Box	: Non-Fee Amendment Commissioner for Patents 1450 a, VA 22313-1450				
	.,				
Sir: In co	nnection with the above-reference	ed U.S. patent application, tran	smitted herewith are		
the follow	ing papers:				
[x]	Response under 37 C.F.R. § 1.111 to official action mailed August 19, 2004.				
[] A petition for extension of time is also enclosed with a fee of \$55.00 for a					
	month extension for a small entity.				
[]	Terminal disclaimer under 37 C.F. R. § 1.321(c), including				
	[] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and				
	[] 2 certificates under 37 C.F.R. § 3.73(b).				
[]	Information disclosure statement, form 1449 and references.				
[x]	No additional claims fees are required.				

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[] An additional fee is required, and is calculated as shown below:

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AMENDED CLAIMS								
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE			
Total Claims		MINUS = 20	0	x \$18 =				
Independent Claims		MINUS = 3	0	x \$78 =				
If Amendment adds mult								
If small entity status is claimed, subtract 50% of Total Amendment Fee								
TOTAL ADDITIONAL	\$0.00							

[] A check in the amount	of \$	is enclosed.
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- [] Charge \$___ to Deposit Account No. ____ (Docket No. ____).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR01-13001).

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Tel: (530) 759-1663 FAX: (530) 759-1665

Respectfully submitted,

By

Edward J. Grundler Registration No. 47,615

Date: October 8, 2004